

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET

P.O. BOX 942732

SACRAMENTO, CA 94234-7320



December 3, 1991

Letter No: 91-114

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons

SUBJECT: RADCLIFFE V. KIZER DATA COLLECTION PROCESS

Effective the date of this All County Welfare Directors Letter (ACWDL), there will be a change in the contact person for submitting the statistics on the number of Medi-Cal applications based on disability during a given month. Please refer to ACWDLs 91-48.

In order to finalize the settlement of the case of Radcliffe v. Kizer, the counties were requested to provide data regarding the total number of disability based (single person case) Medi-Cal only applications which are pending during given time periods. The counties were also informed of the reporting form which would be used in conjunction with the data collection (copy enclosed).

The form must now be submitted to:

Department of Health Services
Medi-Cal Eligibility Branch
714 P Street, Room 1792
Attn: Marie Taketa
Sacramento, CA 95814

If you have any questions, please call Marie Taketa of my staff at (916) 657-1250, ATSS: 437-1250

Sincerely,

ORIGINAL SIGNED BY

Ricardo Bustamante for

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure

RADCLIFFE V. KIZER
MONTHLY STATUS REPORT

MONTH OF REPORT: _____ COUNTY CONTACT: _____

COUNTY NUMBER: _____ PHONE NUMBER: (____) _____

1. Total # of disability based
 (single person case) Medi-Cal
 Only applications filed during
 the month

2. Total # of disability based
 (single person case) Medi-Cal
 Only applications which are
 pending in the county during
 that month, including any carry
 over from previous months

3. Using the total from #2 above,
 how many of these cases have
 been pending:

30 days or less

31 - 60 days

61 - 90 days

91 - 120 days

121 - 180 days

181 days or more

INSTRUCTIONS FOR COMPLETING THIS FORM

1. The total of all lines in #3 above should equal the number of pending cases reported in #2.
2. Completed forms are due 10 calendar days after the end of the "Month of Report".
3. Mail completed forms to:
 Department of Health Services
 Medi-Cal Eligibility Branch
 714 P Street, Room 1792
 Sacramento, CA 95814
 Attn: Marie Taketa
4. A form similar to this is available on the MEDS Network Electronic Mail Service (EMC2). To access, use and send the form, follow directions in the MEDS Network User Manual, Chapter 20 (Electronic Mail Service), Section 11.